

68. *Cysticercus lodged under the Conjunctiva*.—Dr. HÆRING, of Louisburg, relates a case in which a cysticercus cellulosus of the size of a pea, existed under the conjunctiva at the external angle of the eye. The patient, a girl of seven years, had hurt the eye against the edge of a tub. Dr. H. thinks that the development of the hydatid is to be ascribed to this hurt.—*Journ. des Com. Med. Churg.*, Dec. 1841.

69. *Cataract suddenly formed in both Eyes*.—Dr. MARTIN of Portlaw communicated to the Surgical Society of Ireland, (April 16th, 1842,) the following example of this very rare occurrence.

“Mary Grant, aged 35, of a miserable cachectic habit, after sitting up for several nights with her invalid mother, suffering much bodily and mental distress, and crying a great deal, fell asleep in the sitting posture, by the fire-side, at about twelve o'clock, on the night of Friday, October 15, 1841. About four or five o'clock she awoke, and (although her vision was before perfect) she then found herself unable to distinguish any object around her, and when the clearer light of day came, she was but able to trace the outline of the window sash. Having applied to me for advice, three days after, I was surprised on examination to find the lens of both eyes semiopaque, and presenting the appearance of being starred from the centre, as if breaking up during maceration. She complained of severe pains in the forehead, jaws, and shoulders—pulse 80, full and hard—tongue loaded with white fur—bowels confined. By means of blue pill, bitters, and blisters to the temples, the pains were removed, and her general health improved, but the lenses gradually became more opaque, and she is now unable to trace outlines of objects passed before her eyes, although the retina is perfectly sensible to the impression of light. That she had perfect vision up to the night on which she states she became blind, I feel perfectly satisfied, as on that evening having been in attendance, I saw her moving about, and nurse-tending her mother, and I had seen her frequently during the previous month.”

Dr. Martin also stated that he remembered, when a pupil, to have seen a somewhat analogous case. The man was a patient in Sir P. Dunn's Hospital, and the following was the history which he gave: he said that he had been married to a farmer's daughter, and after the usual fun of an Irish wedding, he retired to bed, his sight being perfectly good. Very early in the morning he was called by the necessities of nature to the outside of the house, when he became conscious of the loss of sight. Fearing the ridicule of his friends he made his way into the house to where his clothes lay, which he found with some difficulty, and left his bride to wonder at his loss for the next two months. He came up to Dublin, and was admitted into Sir P. Dunn's Hospital, where he was successfully operated on by Dr. Jacob. I need not add that his story was laughed at and disbelieved at the time; but I have little doubt now, that it was analogous to that of Mary Grant. In his case also, as in that of Mary Grant, the blindness was not complete at once; in the end, however, both lenses became densely opaque.—*Dublin Med. Press*, May 4, 1842.

MIDWIFERY.

70. *Extra-uterine Pregnancy*.—A woman, 70 years of age, was admitted into the Hospital Cochin, under the care of M. Blache, for an abdominal tumour, which she had had for thirty years. The tumour, which occupied the left iliac fossa, was large and hard; it had latterly become very painful; the abdomen was tense, and painful to the touch; and the lower extremities œdematous. She died of peritonitis in September last. On examination of the body, the tumour was found to consist of the remains of a full-grown fetus, almost all the bones being connected together by incomplete ligaments, and forming a complete skeleton twisted on itself. The pelvis and lower extremities were the back part of the tumour, the occiput in front. The head constituted at least two-thirds of the whole mass. This poor woman considered that this tumour showed itself when

she was forty years old; she ceased to menstruate at fifty, having previously borne one child at the age of seven-and-twenty.—*Prov. Med. and Surg. Journ.*, May 28th, 1842.

71. *Number of Pulsations of the Fœtal Chord.*—Mr. Streeter stated that he has recently met with a case of prolapsus of the funis, at that stage of labour when the os uteri was scarcely larger than a shilling; he took the opportunity of verifying the number of pulsations of the fœtal chord, and of ascertaining whether Dr. Hamilton's statement respecting the slow pulse of the fœtus was correct; he found the mother's pulse to be under 100, whilst that of the fœtus was 120. The chord was coiled; he drew it down, but it retracted; this he repeated several times, and always with a similar result. He endeavoured to return it within the os uteri, but was unable to do so. The dilatation of the os uteri progressed slowly, the pulsation in the chord ceased, and the child was born dead.

72. *Rupture of the Womb during Gestation—Recovery.*—Dr. RICHTER relates an example of this occurring in a Moravian peasant, 20 years of age, who, while crossing a bridge in April 1840, when in the ninth month of pregnancy, was suddenly seized with a fainting fit, which lasted a considerable time. Upon recovering from it, she complained of great pain in the lower part of the abdomen, with violent motion of the infant. This latter continued for twenty-four hours, and the former, with more or less intensity, for four weeks. The fever then subsided, and she was enabled to rise. On the 18th of June, a quantity of very fetid pus escaped from the vagina, the uterus and abdomen seemed to diminish in size, and the motions of the child ceased completely. In the beginning of July, the integuments round the umbilicus became inflamed, and ulceration took place, giving vent to a greenish yellow fluid, similar to that which was passed from the vagina. Some days subsequent to this, the patient felt a hard body in the vagina, which she extracted, and which was found to be a bone, about two inches long, and about the size of a crow quill. On the 15th of July, Dr. Richter was consulted. She had then all the symptoms of hectic fever; the abdomen was painful on pressure, and on the left of the umbilicus, which was ulcerated to about a quarter of an inch, was felt a round hard tumour. A bone was discovered firmly wedged in the mouth of the uterus; tepid water injected into the vagina escaped by the opening in the abdomen. Several bones of the extremities of a fœtus were extracted, and frequent injections of warm water were had recourse to. The patient's general health became much improved. Towards the end of August another fistula took place below the umbilicus, into which it soon opened. A slough having separated from this, a hard body was felt, which, upon being removed, was seen to be the scapula. The remains of the fœtus were then taken away by degrees. The intestinal canal had been perforated by the ulcerative process, as fecal matter escaped both from the fistulous opening and from the vagina. On the 13th of October the discharge had ceased. She gained strength rapidly, and was soon able to follow her domestic employments.—*Lond. and Edin. Monthly Journ. Med. Sci.*, Feb. 1842, from *Gaz. Med. de Paris*, Oct. 2, 1841.

73. *On the Management of the Placenta.*—Mr. JOSEPH BELL relates, in the *London Medical Gazette* (Jan. 14th, 1842), a number of cases to prove the efficacy of a mode of managing the placenta, recently recommended by Mr. Murphy. It is chiefly applicable to cases where it is usually thought necessary to introduce the hand for the purpose of extracting the placenta, and consists in the application of a broad bandage round the abdomen, and firm pressure made with both hands on the fundus uteri. The same practice he has also found of use previous to delivery, in cases of inefficient pains. Mr. Bell seems strongly opposed to the practice of introducing the hand into the uterus to extract the placenta, under any circumstances, and while he admits that there are cases of retained placenta, in which the above measures are attended with very little benefit, recommends that in them the child should at once be put to the nipple as a preferable course to the usual practice. This, he says, has always been